1			CUSTOMER NUMBER 27792					
2		IN THE UNITED STATES	PATENT AND TRADEMARK OFFICE					
3	Applicant:	Bergstraesser et al.	Attorney Docket No: MICR0256					
4	Serial No:	10/020,343	Group Art Unit: 2655					
5	Filed:	December 10, 2001	Examiner: James Wozniak					
6			Confirmation No: 8983					
7	Title:							
8								
9		NETWORK						
10	FOR ELECTRONIC FILING							
11		Confirmation No: 8983  SERVICES FOR CONTEXT-SENSITIVE FLAGGING OF INFORMATION IN NATURAL LANGUAGE TEXT AND CENTRAL MANAGEMENT OF METADATA RELATING THAT INFORMATION OVER A COMPUTER NETWORK  FOR ELECTRONIC FILING  SUPPLEMENTARY RESPONSE TRANSMITTAL LETTER  Bellevue, Washington 98004  July 17, 2006  COMMISSIONER FOR PATENTS: Supplementary Response Transmittal  Transmitted herewith is a supplementary response in the above-identified patent application.  No additional claim fee is required, as shown below.  The claim fee has been calculated, as shown below.  Fees, as calculated below, in the amount of \$, will be charged to a credit card during						
12		Bellevue, Washington 98004						
13								
14	TO THE COMMISSIONER FOR PATENTS:							
15								
16								
17								
18		2. The claim fee has been calculated, as shown below.						
19								
20		electronic submission.						
21								
22	B. Reques	st for Constructive Petition for	Extension of Time					
23	It is requested that any concurrent or future reply submitted in the present application requiring							
24	a petition for an extension of time under 37 CFR 1.136(a)(3) for timely submission be treated a							
25	incorporating a	a petition for extension of tim	e for the appropriate length of time. It is also requested					
26	that any addition	onal required fees under § 1.17	7, including all required extension of time fees, be charged					
27	to Deposit Ac	count No. 01-1940, thereby c	constructively petitioning for any necessary extension of					
28	time to maintain the present application in a pending state.							
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Computation of Fee For Claims as Amended								
	Claims Remaining after Amendment	Highest Number <u>Previously Paid For</u>	Present Extra	<u>Rate</u>	Additional <u>Fee</u>			
Total Claims	45	45	-0-	x \$50	\$-0-			
Independent Claims	5	5	-0-	x \$200	-0-			
TOTAL ADDITIONAL FEE FOR THIS RESPONSE								

## C. Additional Fee Charges or Credit for Overpayment

Please charge any additional fees or credit any overpayment to Deposit Account No. 01-1940.

Respectfully submitted,

/sabrina macintyre/ Sabrina K. MacIntyre Registration No. 56,912